

Data Management Report

November 2016

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014								
Middle	1932	1924	1926	1923								
West	1138	1130	1124	1124								
Statewide	5097	5063	5065	5061	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255						
Unduplicated waiver participants.	5180	5183	5188	5194								
# of slots remaining for calendar year	75	72	67	61	5255	5255	0	0	0	0	0	0

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494								
Middle	527	524	524	524								
West	730	733	731	730								
Statewide	1748	1746	1742	1748	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923						
Unduplicated waiver participants.	1805	1806	1807	1807								
# of slots remaining for calendar year	118	117	116	116								

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403								
Middle	467	463	463	465								
West	373	368	369	368								
Statewide	1244	1237	1236	1236	0	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802						
Unduplicated waiver participants.	1312	1313	1313	1313								
# of slots remaining for calendar year	490	489	489	489								

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3								
Middle	1	1	1	0								
West	1	1	1	1								
HJC FAU (Forensic)	4	5	4	4								
HJC BSU (Behavior)	4	3	3	3								
Statewide	13	13	12	11	0	0	0	0	0	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0								
Middle	0	0	0	0								
West	0	0	0	0								
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60	58	57	57								
HJC- Day One (ICF)	6	6	7	7								
Total	66	64	64	64	0	0	0	0	0	0	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61								
Middle	36	36	36	35								
West	48	48	48	48								
TOTAL	147	146	144	144	0	0	0	0	0	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	0	0	0	0	0	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	0	0	0	0	0	0	0	0
Middle	2977	2962	2964	2961								
West	2290	2280	2273	2271	0	0	0	0	0	0	0	0
Total	8315	8269	8263	8264								

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

[illegible][illegible][illegible][illegible]

Statewide Waiver Enrollments by Referral Source

[illegible]

Secondary Enrollment Source of Crisis:														
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	APS	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0									0
	Middle	0	0	0	0									0
	West	0	0	0	0									0
	Total	0	0	0	0									0

CHOICES	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	1	0	0	0									1
Total	1	0	0	0									1

CORRECTIONAL FACILITY	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	0	0	0	0									0
Total	0	0	0	0									0

DCS Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	1	3	1									6
Middle	0	0	2	1									3
West	0	1	0	3									4
Total	1	2	5	5									13

DC Transitions into Statewide	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0	0	0	0									0
HJC	0	0	0	0									0
Total	0	0	0	0									0

ICF Transfer Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	0	0	0	0									0
Total	0	0	0	0									0

MH Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	0	0	0	0									0
Total	0	0	0	0									0

PASRR NON NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	0	0	0	0									0
Total	0	0	0	0									0

PASRR in NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0									0
Middle	0	0	0	0									0
West	0	0	0	0									0
Total	0	0	0	0									0

SD Waiver Transfers	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	0	0	0									1
Middle	1	0	0	0									1
West	1	0	0	0									1
Total	3	0	0	0									3

Total by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5	2	3	1									11
Middle	2	0	2	2									6
West	3	1	1	3									8
Grand Total Statewide Waiver	10	3	6	6									25

Analysis

There were 6 waiver enrollments for October 2016. 0 individuals were enrolled into the SD waiver. 6 individuals were enrolled into the Statewide waiver. 0 individuals were enrolled into the CAC waiver.

Waiver Disenrollments

[illegible][illegible][illegible][illegible]

Analysis:

For October 2016, there were 24 waiver discharges. 7 people were discharged from the CAC waiver. 14 people discharged from the statewide waiver. There were 3 discharged from the SD Waiver.

Developmental Center-to-Community Transitions Report

reflects

[illegible][illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14									
Admissions													FYTD
HJC Day One (ICF)	0	0	0	0									0
HJC FAU (SF)	0	1	0	0									1
HJC BSU (SF)	0	0	0	0									0
Total Admissions	0	1	0	0									1
Discharges													
Death	0	0	0	0									0
Transition to community state ICF	0	0	0	0									0
Transition to private ICF	0	0	0	0									0
Transition to waiver program	0	1	0	0									1
Transition back to community	1	0	0	0									1
Total Discharges	1	1	0	0									2
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61									FYTD
Admissions	0	0	0	1									1
Discharges													
Death	0	1	2	0									3
Transition to another dev center	0	0	0	0									0
Transition to community state ICF	0	0	0	0									0
Transition to private ICF	0	0	0	0									0
Transition to waiver program	0	0	0	0									0
Transition to non DIDD srvs	0	0	0	0									0
Total Discharges	0	1	2	0									3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35									FYTD
Admissions	0	0	0	0									0
Discharges													
Death	0	0	0	1									1
Transition to another dev center	0	0	0	0									0
Transition to public state ICF	0	0	0	0									0
Transition to private ICF	0	0	0	0									0
Transition to waiver program	0	0	0	0									0
Transition to non DIDD srvs	0	0	0	0									0
Total Discharges	0	0	0	1									1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48									FYTD
Admissions	0	0	0	0									0
Discharges													
Death	0	0	0	0									0
Transition to another dev center	0	0	0	0									0
Transition to public state ICF	0	0	0	0									0
Transition to private ICF	0	0	0	0									0
Transition to waiver program	0	0	0	0									0
Transition to non DIDD srvs	0	0	0	0									0
Total Discharges	0	0	0	0									0

Analysis:

For October 2016 HJC did not have any admissions or discharges which held the census at 14. ETCH had 0 discharges and 1 admission which raised the census to 61 MTH had 1 discharge due to death, which lowered the census to 35 , WTCH remained at 48. and GVDC had 0 transition s, which held the census to 57

D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0								
# from TennCare	0	0	0	0								
% from TennCare	N/A	N/A	N/A	N/A								
# from a Concerned Citizen	0	0	0	0								
% from a Concerned Citizen	N/A	N/A	N/A	N/A								
# from the Waiver Participant	0	0	0	0								
% from the Waiver Participant	N/A	N/A	N/A	N/A								
# from a Family Member	0	0	0	0								
% from a Family Member	N/A	N/A	N/A	N/A								
# from Conservator	1	0	0	0								
% from Conservator	100%	N/A	N/A	N/A								
# Advocate (Paid)	0	0	0	0								
% from Advocate (Paid)	N/A	N/A	N/A	N/A								
# from PTP Interview	0	0	0	0								
% from PTP Interview	N/A	N/A	N/A	N/A								

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7								
# from TennCare	0	0	0	0								
% from TennCare	N/A	N/A	N/A	N/A								
# from a Concerned Citizen	2	6	4	1								
% from a Concerned Citizen	50%	50%	40%	14%								
# from the Waiver Participant	0	0	0	1								
% from the Waiver Participant	N/A	N/A	N/A	14%								
# from a Family Member	0	4	1	1								
% from a Family Member	N/A	33%	10%	14%								
# from Conservator	2	2	5	4								
% from Conservator	50%	17%	50%	57%								
# Advocate (Paid)	0	0	0	0								
% from Advocate (Paid)	N/A	N/A	N/A	N/A								
# from PTP Interview	0	0	0	0								
% from PTP Interview	N/A	N/A	N/A	N/A								

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2								
# from TennCare	0	0	0	0								
% from TennCare	N/A	N/A	N/A	N/A								
# from a Concerned Citizen	1	3	1	0								
% from a Concerned Citizen	50%	50%	100%	N/A								
# from the Waiver Participant	1	0	0	0								
% from the Waiver Participant	50%	N/A	N/A	N/A								
# from a Family Member	0	2	0	0								
% from a Family Member	N/A	33%	N/A	N/A								
# from Conservator	0	1	0	2								
% from Conservator	N/A	17%	N/A	100%								
# Advocate (Paid)	0	0	0	0								
% from Advocate (Paid)	N/A	N/A	N/A	N/A								
# from PTP Interview	0	0	0	0								
% from PTP Interview	N/A	N/A	N/A	N/A								

Complaints by Issue- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	1	0	0	0								
# Behavior Issues	0	0	0	0								
% Behavior Issues	N/A	N/A	N/A	N/A								
# Day Service Issues	0	0	0	0								
% Day Service Issues	N/A	N/A	N/A	N/A								
# Environmental Issues	0	0	0	0								
% Environmental Issues	N/A	N/A	N/A	N/A								
# Financial Issues	0	0	0	0								
% Financial Issues	N/A	N/A	N/A	N/A								
# Health Issues	0	0	0	0								
% Health Issues	N/A	N/A	N/A	N/A								
# Human Rights Issues	0	0	0	0								
% Human Rights Issues	N/A	N/A	N/A	N/A								
# ISC Issues	0	0	0	0								
% ISC Issues	N/A	N/A	N/A	N/A								
# ISP Issues	0	0	0	0								
% ISP Issues	N/A	N/A	N/A	N/A								
# Staffing Issues	1	0	0	0								
% Staffing Issues	100%	N/A	N/A	N/A								
# Therapy Issues	0	0	0	0								
% Therapy Issues	N/A	N/A	N/A	N/A								
# Transportation Issues	0	0	0	0								
% Transportation Issues	N/A	N/A	N/A	N/A								
# Case Management Issues	0	0	0	0								
% Case Management Issues	N/A	N/A	N/A	N/A								
# Other Issues	0	0	0	0								
% Other Issues	N/A	N/A	N/A	N/A								

Complaints by Issue - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	4	12	10	7								
# Behavior Issues	0	0	1	0								
% Behavior Issues	N/A	N/A	10%	N/A								
# Day Service Issues	0	0	0	1								
% Day Service Issues	N/A	N/A	N/A	14%								
# Environmental Issues	0	0	0	0								
% Environmental Issues	N/A	N/A	N/A	N/A								
# Financial Issues	0	3	3	0								
% Financial Issues	N/A	25%	30%	N/A								
# Health Issues	0	2	1	0								
% Health Issues	N/A	17%	10%	N/A								
# Human Rights Issues	0	2	2	2								
% Human Rights Issues	N/A	17%	20%	29%								
# ISC Issues	0	0	0	1								
% ISC Issues	N/A	N/A	N/A	14%								
# ISP Issues	0	0	0	0								
% ISP Issues	N/A	N/A	N/A	N/A								
# Staffing Issues	4	5	3	3								
% Staffing Issues	100%	42%	30%	43%								
# Therapy Issues	0	0	0	0								
% Therapy Issues	N/A	N/A	N/A	N/A								
# Transportation Issues	0	0	0	0								
% Transportation Issues	N/A	N/A	N/A	N/A								
# Case Management Issues	0	0	0	0								
% Case Management Issues	N/A	N/A	N/A	N/A								
# Other Issues	0	0	0	0								
% Other Issues	N/A	N/A	N/A	N/A								

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2								
# Behavior Issues	0	1	0	0								
% Behavior Issues	N/A	17%	N/A	N/A								
# Day Service Issues	1	0	0	0								
% Day Service Issues	50%	N/A	N/A	N/A								
# Environmental Issues	0	1	0	0								
% Environmental Issues	N/A	17%	N/A	N/A								
# Financial Issues	0	2	0	1								
% Financial Issues	N/A	33%	N/A	50%								
# Health Issues	0	0	1	0								
% Health Issues	N/A	N/A	100%	N/A								
# Human Rights Issues	1	1	0	0								
% Human Rights Issues	50%	17%	N/A	N/A								
# ISC Issues	0	0	0	0								
% ISC Issues	N/A	N/A	N/A	N/A								
# ISP Issues	0	0	0	0								
% ISP Issues	N/A	N/A	N/A	N/A								
# Staffing Issues	0	0	0	1								
% Staffing Issues	N/A	N/A	N/A	50%								
# Therapy Issues	0	0	0	0								
% Therapy Issues	N/A	N/A	N/A	N/A								
# Transportation Issues	0	1	0	0								
% Transportation Issues	N/A	17%	N/A	N/A								
# Case Management Issues	0	0	0	0								
% Case Management Issues	N/A	N/A	N/A	N/A								
# Other Issues	0	0	0	0								
% Other Issues	N/A	N/A	N/A	N/A								

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR October 2016 Report.

There were nine (9) complaint issues statewide by provider reports as documented in Crystal Reports. There were two (2) complaints from the CAC Waiver and seven (7) from the Statewide Waiver. There were no complaints from the Self-Determination Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. The nine (9) complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved day service (1), financial (1), human rights related (2), staff communication (2), staff supervision/management (1), staff treatment (1), and ISC (1).

The agencies that had complaint issues filed were ComCare-East, Engstrom-West, Greene County Skills-East, Support Solutions-East, and Support Solutions-West.

There were a total of 19 advocacy interventions completed by the statewide CFS team. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS. The issues included, but not limited to, staff communication, staffing, staff supervision/management, financial issues, conservatorship, ISP, etc.

FOCUS GROUPS were held in Knoxville, Greeneville, Memphis, Jackson, and Nashville. The participation numbers continue to be high. Topics for Focus Groups included: 1) Rights, 2) Filing Complaints, and 3) 15 Ways to Become a Better You. There were a total of 232 attendees at the Focus Groups for October 2016.

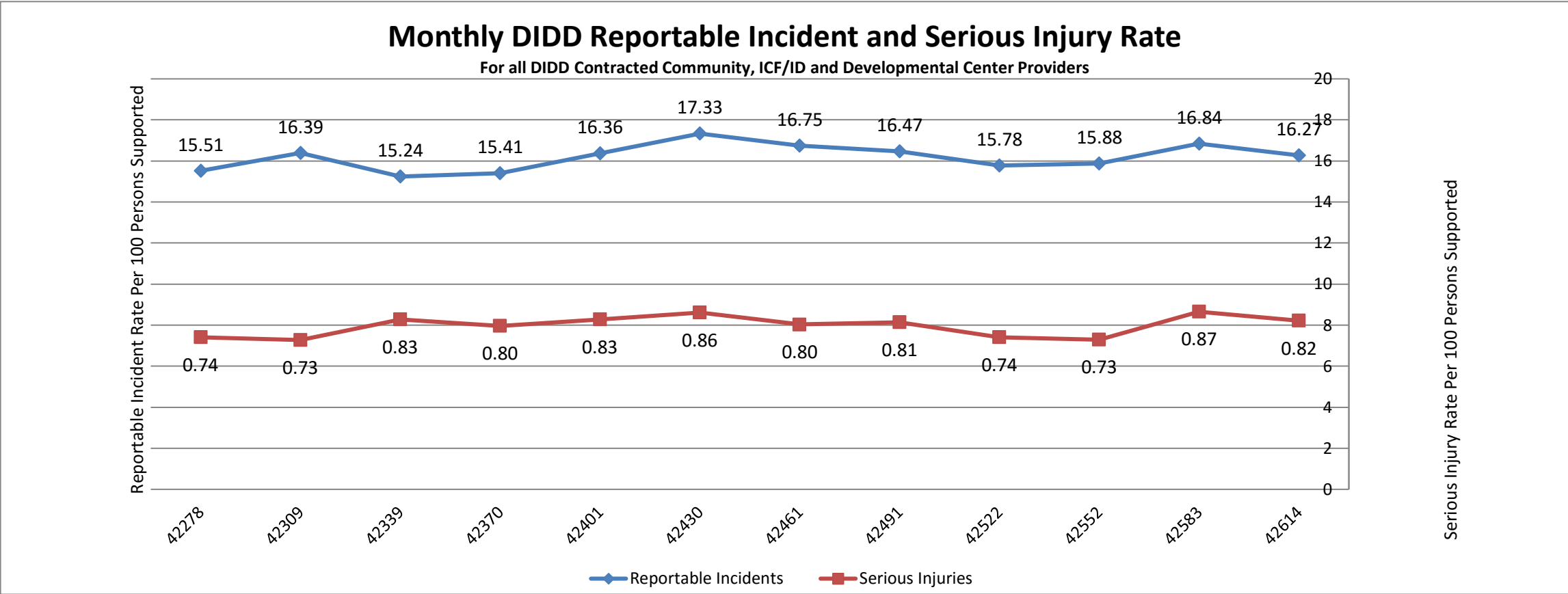
Of note, in October 2016, the statewide CFS team consisted of four (4) staff persons. Also, one of the CFS coordinator’s October 2016 report was not available for review and inclusion in this report.

D	Protection From Harm/Incident Management
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Data Source:

The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D. Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.

[illegible]



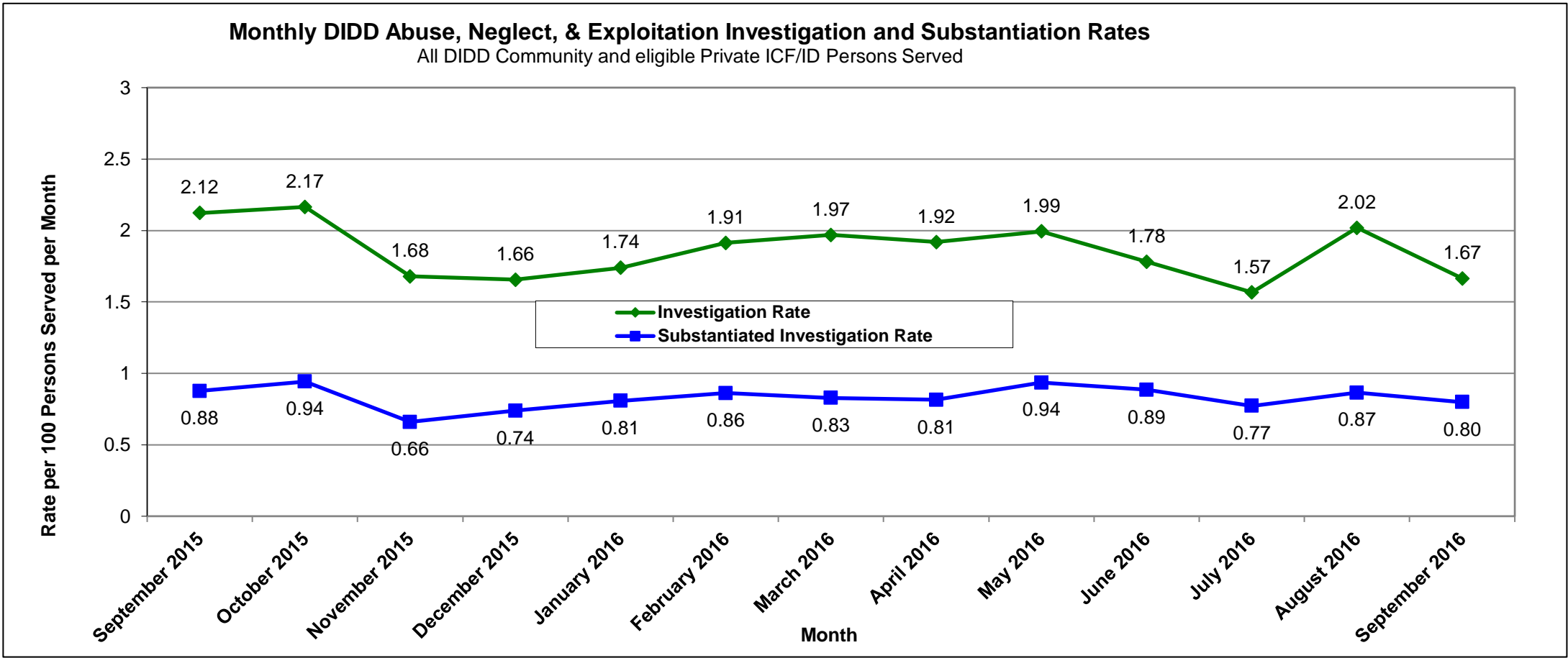
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for September 2016 decreased from 16.84 to 16.27. The rate of Serious Injury per 100 persons supported decreased from 0.87 to 0.82. The rate of Falls per 100 persons supported decreased from 1.14 to 1.07. The number of Serious Injuries due to Falls decreased from 37 to 31. The percentage of Serious Injuries due to Falls was 41.9%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for October 2014 – September 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, October 2014 – September 2015, was 15.39 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, October 2015 – September 2016, is 16.19 per 100 persons supported. Analysis showed an increase of 0.80 in the average incident rate.

D	Protection From Harm/Investigations												
East Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3314	3317	3296	3295								
# of Investigations		52	41	49	36								
Rate of Investigations per 100 people		1.57	1.24	1.49	1.09								
# of Substantiated Investigations		23	19	11	12								
Rate of Substantiated Investigations per 100 people		0.69	0.57	0.33	0.36								
Percentage of Investigations Substantiated		44%	46%	22%	33%								
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232								
# of Investigations		60	58	79	57								
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76								
# of Substantiated Investigations		36	36	41	29								
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90								
Percentage of Investigations Substantiated		60%	62%	52%	51%								
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482								
# of Investigations		49	43	54	57								
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30								
# of Substantiated Investigations		21	15	26	31								
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25								
Percentage of Investigations Substantiated		43%	35%	48%	54%								
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009								
# of Investigations		161	142	182	150								
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67								
# of Substantiated Investigations		80	70	78	72								
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80								
Percentage of Investigations Substantiated		50%	49%	43%	48%								



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of September, 2016, 150 investigations were completed across the State. Thirty-six (36) of these originated in the East Region, fifty-seven (57) in the Middle Region, and fifty-seven (57) in the West Region. Middle had the greatest change in the number of cases opened, from 79 to 57 cases. East and Middle dropped in the number of investigations opened by 13 and 22 respectively.

Statewide, investigations were opened at a rate of 1.67 investigations per 100 people served, which is a decrease from the previous month (2.02). The East Region opened investigations at a rate of 1.09 investigations per 100 people served, the lowest rate thus far for 2016 for East. East's twelve month average is 1.51 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.76 investigations per 100 people served, and the average for the last 12 months is 1.92. The West Region opened investigations at a rate of 1.67 per 100 people served and their average for the past twelve months is 2.43.

Seventy-two (72), or 48%, of the 150 investigations opened statewide in September, 2016, were substantiated for abuse, neglect, or exploitation. This was an increase in percentage as compared to the prior reporting period, which was 43%. The East Region substantiated investigations at the lowest percentage of 33% (12 substantiated investigations), compared to the 51% substantiated in the Middle Region (29 substantiated investigations), and the 54% substantiated in the West Region (31 substantiated investigations). The East Region consistently has the lowest percentage of substantiated investigations.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.80 during September, 2016. The West Region substantiated investigations at the highest rate per 100, with 1.25 substantiated investigations per 100 people served. The Middle Region had the greatest variation in rate of substantiated investigations from 1.27 in August to .90 for September. The East Region substantiated investigations was .36. The East Regional average rate of substantiations is .62 for the past 12 months.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475								
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36								
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%								
Total Grier denial letters issued	24	30	23	22								
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0								
Termination	0	0	0	0								
Reduction	0	0	0	0								
Suspension	0	0	0	0								
Total Received	0	0	0	0								
DENIAL OF SERVICE												
Total Received	0	0	0	0								
Total Grier Appeals Received	0	0	0	0								
Total Non-Grier Appeals Received	0	0	0	0								
Total appeals overturned upon reconsideration	0	0	0	0								
TOTAL HEARINGS	40		1	0								
DIRECTIVES												
Directive Due to Notice Content Violation	0			0								
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0								
Other	1	0	0	0								
Total Directives Received	1	1	0	0								
Overturned Directives	0	1	0	0								
MCC Directives	0	0	0	\$0								
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0								
LATE RESPONSES			0									
Total Late Responses	0	0		0								
Total Days Late	0	0	0	0								
Total Fines Accrued (Estimated)	0	0	0	0								
DEFECTIVE NOTICES			0									
Total Defective Notices Received	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1								
Continuing Delay Issues (Unresolved)	3	4	5	2								
Total days service(s) not provided per TennCare ORR	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986								
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100								
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%								
Total Grier denial letters issued	76	77	88	65								
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1								
Termination	0	0	0	0								
Reduction	0	0	0	0								
Suspension	0	0	0	0								
Total Received	1	0	0	1								
DENIAL OF SERVICE												
Total Received	3	7	5	4								
Total Grier Appeals Received	4	7	5	5								
Total Non-Grier Appeals Received	0	0	0	0								
Total appeals overturned upon reconsideration	0	0	2	0								
TOTAL HEARINGS	2	1	0	3								
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0								
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0								
Other	1	0	1	0								
Total Directives Received	1	0	1	0								
Overturned Directives	0	0	0	0								
MCC Directives	0	0	0	0								
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0								
LATE RESPONSES												
Total Late Responses	0	0	0	0								
Total Days Late	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0								
Continuing Delay Issues (Unresolved)	1	1	0	0								
Total days service(s) not provided per TennCare ORR	67	33	0	0								
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0								

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384								
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172								
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%								
Total Grier denial letters issued	96	126	112	105								
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0								
Termination	0	0	0	0								
Reduction	0	0	0	0								
Suspension	0	0	0	0								
Total Received	0	0	0	0								
DENIAL OF SERVICE												
Total Received	0	3	3	3								
Total Grier Appeals Received	0	3	3	3								
Total Non-Grier Appeals Received	0	0	0	0								
Total appeals overturned upon reconsideration	0	1	1	3								
TOTAL HEARINGS	2	2	1	0								
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0								
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0								
Other	0	0	0	0								
Total Directives Received	0	0	0	0								
Overturned Directives	0	0	0	0								
MCC Directives	0	0	0	0								
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0								
LATE RESPONSES												
Total Late Responses	0	0	0	0								
Total Days Late	0	0	0	0								
Total Fines Accrued (Estimated)	0	0	0	0								
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1								
Continuing Delay Issues (Unresolved)	1	2	2	2								
Total days service(s) not provided per TennCare ORR	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845								
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308								
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%								
Total Grier denial letters issued	196	233	223	192								
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1								
Termination	0	0	0	0								
Reduction	0	0	0	0								
Suspension	0	0	0	0								
Total Received	1	0	0	1								
DENIAL OF SERVICE												
Total Received	3	10	8	7								
Total Grier Appeals Received	4	10	8	8								
Total Non-Grier Appeals Received	0	0	0	0								
Total appeals overturned upon reconsideration	0	1	3	3								
TOTAL HEARINGS	8	3	2	3								
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0								
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0								
Other	2	1	1	0								
Total Directives Received	2	1	1	0								
Overturned Directives	0	0	0	0								
MCC Directives	0	0	0	0								
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0								
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0								
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396								
LATE RESPONSES												
Total Late Responses	0	0	0	0								
Total Days Late	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
Total Defective Notices Received	0	0	0	0								
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0								
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2								
(Unresolved)	5	7	7	4								
Total days service(s) not provided per TennCare ORR	67	33	0	0								
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0								

Appeals:

The DIDD received 7 appeals in September compared to 8 received in August, which is a 12.5% decrease in volume based on the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that September experienced a 38.6% decrease in volume based on this average.

The DIDD received 7845 service requests in September compared to 7177 in August, which indicates a 9.3% increase in volume. The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that September experienced a 6% increase in volume based on this average.

3.9% of service plans were denied statewide in September compared to 3.6% in August. The average of service plans denied per month during Fiscal Year 2016 was 4.4%.

Directives:

No directives were received statewide in September.

Cost Avoidance:

There was no cost avoidance during this month. Statewide, total cost avoidance is **\$91,395.99** for the fiscal year.

Sanctioning/fining issues:

There were no sanctioning or fining issues this month.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	18				137			
Total Census of Providers Surveyed	1143				7170			
# of Sample Size	119				943			
% of Individuals Surveyed	10%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	68%	31%	0%	0%	86%	12%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	68%	18%	12%	0%	63%	30%	5%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	56%	25%	18%	0%	60%	33%	5%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	81%	18%	0%	0%	81%	17%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	93%	6%	0%	0%	94%	5%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	56%	25%	18%	0%	42%	50%	5%	1%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	81%	12%	6%	0%	94%	5%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	87%	0%	12%	0%	76%	14%	7%	1%
Domain 5: Health								
Outcome A. The person has the best possible health.	68%	18%	12%	0%	72%	22%	5%	0%
Outcome B. The person takes medications as prescribed.	50%	31%	18%	0%	55%	30%	11%	2%
Outcome C. The person's dietary and nutritional needs are adequately met.	75%	25%	0%	0%	93%	6%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	93%	6%	0%	0%	97%	2%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	93%	6%	0%	0%	99%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	99%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	96%	3%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	93%	6%	0%	0%	95%	3%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	56%	31%	12%	0%	64%	30%	5%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	62%	31%	6%	0%	62%	34%	2%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	50%			50%	61%			38%
Outcome C. Provider staff are adequately supported.	68%	18%	12%	0%	69%	27%	2%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	93%	6%	0%	0%	92%	6%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	37%	50%	12%	0%	52%	39%	7%	0%
Outcome B. People's personal funds are managed appropriately.	33%	46%	20%	0%	42%	49%	6%	1%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month					6			
Total Census of Providers Surveyed					185			
# of Sample Size					28			
% of Individuals Surveyed					15%			
# of Additional Focused Files Reviewed					0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.					83%	16%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					33%	66%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
Outcome C. The person exercises his or her rights.					100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.					100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					83%	16%	0%	0%
Indicator 9.B.2.: Provider staff have received					83%			16%
Outcome C. Provider staff are adequately supported.					83%	16%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD					83%	16%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				23			
Total Census of Providers Surveyed	27				775			
# of Sample Size	4				114			
% of Individuals Surveyed	15%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	0%	100%	0%	30%	39%	26%	4%
Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	73%	17%	8%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	0%	100%	0%	17%	65%	13%	4%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	86%	13%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	75%	16%	8%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	39%	52%	8%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received					100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	0%	100%	0%	0%	91%	8%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month					22			
Total Census of Providers Surveyed					1481			
# of Sample Size					140			
% of Individuals Surveyed					9%			
# of Additional Focused Files Reviewed					0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					31%	54%	13%	0%
Outcome B. Services and supports are provided according to the person's plan.					22%	63%	13%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					27%	63%	9%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.					77%	22%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					68%	27%	4%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.					90%	9%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					45%	45%	9%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					95%	4%	0%	0%
Indicator 9.B.2.: Provider staff have received					88%			11%
Outcome C. Provider staff are adequately supported.					84%	15%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					86%	9%	4%	0%

QA Summary for QM Report (thru 10/2016 data)

Performance Overview- Calendar Year 2016 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	23%	24%	67%	N/A	17%	N/A	14%
Proficient	43%	42%	33%	N/A	48%	N/A	50%
Fair	31%	30%	N/A	N/A	35%	N/A	36%
Significant Concerns	3%	4%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	189	138	6	N/A	23	N/A	22

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewedARC of Knox County, Breakthrough Corporation, Enhanced Support Services, Help at Home, New Haven, Rhea of Sunshine, Support Solutions of the Mid-South; Middle- All About Care, Golden Life, Meritan, New Horizons, Omni Visions, Progressive Directions, Restoration Residential Services, Terry Taylor; West- ACA Communities, D & S Residential Services, Georgia Lee, Southern Hands Quality Care.

East Region:

ARC of Knox County: The 2016 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2015 survey results, this is a 4-point increase in compliance (50-Proficent in 2015). This increase in compliance was specific to improvements identified in Domains 5 (PC-SC) and 10 (PC-SC).

- Personal funds accounts: None of the three accounts reviewed contained issues.
- A letter was sent to the agency on October 17, 2016 regarding a referral of survey recoupments to the DIDD Office of Risk Management and Licensure.

Breakthrough Corporation: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 16-point increase in compliance (34-Significant Concerns in 2015). This increase in compliance was specific to improvements identified in Domains 2 (MC-SC), 3 (MC-SC), 4 (PC-SC), 5 (PC-SC), 9 (MC-PC) and 10 (MC-PC).

- Agency efforts and technical assistance from the RO Units including Provider Support staff are the reason for the significant improvement.

The provider should focus efforts to ensure the following:

- Work environments are assessed for environmental safety.
- Medication administration records are appropriately maintained.
- The provider has a process that assures the dietary needs of people are met.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- Staff receives appropriate training to meet the needs of the person.
- Personal funds accounts: One of the two accounts reviewed contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds. Written loan agreements are completed when the provider loans money and expects repayment.
- A recoupment letter in the amount of \$92.70 was sent to the provider on October 31, 2016. Agency documentation was not always present to support the provision of Community Based Day services.

Enhanced Support Services, Inc.: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in Proficient range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2015). This decrease in compliance was specific to issues identified in Domain 2 (SC-PC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Documentation indicates appropriate monitoring of the plan’s implementation.
- The ISC is informed of the need for revision to the ISP.
- The provider has a process that assures the dietary needs of people are met.
- Personal funds accounts: None of the three accounts reviewed contained issues.
- A recoupment letter in the amount of \$2,392.01 was sent to the provider on November 1, 2016. The agency documentation was not always present to support the provision of Employment and Community Based (CB) Day services. Additionally, an Individual Support Plan (ISP) did not include an outcome and action step for In Home Day services.

Help at Home: The 2016 QA survey resulted in the agency receiving a score of 34. This places them in Significant Concerns range of performance. Compared to their 2015 survey results, this is a 6-point decrease in compliance (40-Fair in 2015). This decrease in compliance was specific to issues identified in Domains 2 (PC-MC), 4 (SC-PC), 5 (PC-MC) and 6 (SC-PC). However, Domain 10 increased from a minimal to a partial compliance.

The provider should focus efforts to ensure the following:

- Risk Issues Identification Tools are completed according to DIDD requirements.
- People receive services and supports as specified in their plans (repeat issue-2.B.3).
- Provision of services and supports are documented in accordance with the plan
- Documentation indicates appropriate monitoring of the plan's implementation.
- Actions to address problems in service delivery were taken, as needed (repeat issue-2.D.6).
- The agency inspects and maintains vehicles used for transportation.
- The Crisis Intervention Policy is approved by a Human Rights Committee.
- Incidents are reported as required.
- Staff are knowledgeable about the Protection From Harm policies.
- IRC minutes reflect the committee monitored to ensure appropriate reporting of incidents (repeat issue-3.C.15).
- IRC minutes reflect the committee reviewed and provided appropriate recommendations in response to the review of provider incident reports, DIDD completed investigation reports and provider risk reviews (repeat issue-3.C.15).
- IRC minutes reflect the committee tracked implementation of corrective actions and recommendations pertaining to reportable incidents (repeat issue-3.C.15).
- IRC minutes reflect the committee provided information to support coordinators / case managers for individual risk assessments and participated in risk reviews (repeat issue-3.C.15).
- IRC minutes reflect the committee identified trends regarding reportable incidents (repeat issue-3.C.15).
- Documentation of dietary intake was completed and there was evidence of oversight.
- People receiving services are encouraged to make choices.
- Needed health care services and supports are provided.
- MARS are completed and maintained as required.
- The process to ensure physician's orders, prescription labels and MARs match has been implemented (repeat issue-5.B.4).
- MARs were accurately and/or appropriately maintained in accordance with agency and DIDD requirements (repeat issue-5.B.4).
- MARS are legible and complete (repeat issues-5.B.4).
- Medication profile sheets are available.
- The provider's process for detecting and addressing medication variances was in need of improvement (repeat issue-5.B.2).
- PRN medications include defined parameters.
- Medications are provided and administered in accordance with physician's orders.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- The provider is encouraged to expand Day Program policies to ensure that employment is considered first (repeat issue-8.B.4).
- "Late entries" are noted as such on provider documentation (including the date and staff initials).
- Systems to ensure staff receive Information and Training Specific to the Person has been developed and implemented.
- Personal funds accounts: One of the three accounts reviewed contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds. Personal property is recorded as required. Written loan agreements are signed when the provider loans money and expects repayment.
- A recoupment letter in the amount of \$2,504.62 is forthcoming regarding documentation not supporting six (6) hours of billable activity for Community-Based and In-Home Day.

New Haven, LLC: The 2016 QA survey resulted in the agency receiving a score of 40. This places them in Fair range of performance. Compared to their 2015 survey results, this is a 4-point decrease in compliance (44-Fair in 2015). This decrease in compliance was specific to issues identified in Domains 2 (PC-MC), 4 (SC-PC), 5 (SC-PC) and 10 (PC-MC). However, an increase in compliance was identified in Domains 3 (PC-SC) and 8 (PC-SC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan
- Documentation indicates appropriate monitoring of the plan's implementation.
- The ISC is informed of the need for revision to the ISP.
- Incidents are reported as required.
- People are treated with respect.
- Needed health care services and supports are provided.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- Information obtained from self-assessment activities are used to develop and implement an internal quality improvement process.
- Unannounced visits are conducted as required.
- Personal funds accounts: Two accounts were reviewed and both contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds. Leases are available and personal property inventories are updated as required.
- A recoupment letter in the amount of \$6,893.13 was sent to the provider on October 10, 2016. Agency documentation was not always present to support the provision of Personal Assistance, Community Based Day and Supported Living services.

Support Solutions of the Mid-South, LLC: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 4-point increase in compliance (46-Fair in 2015). This increase in compliance was specific to improvements identified in Domains 5 (PC-SC) and 9 (PC-SC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan
- Documentation indicates appropriate monitoring of the plan's implementation.
- Medication administration records are appropriately maintained.
- Information obtained from self-assessment activities are used to develop and implement an internal quality improvement process.
- Personal funds accounts: Four of the seven accounts reviewed contained issues. The provider should focus efforts to ensure that there is proper oversight accounting of all personal funds. Leases are signed and personal property inventories are updated.
- The agency requested a review of their survey results on October 19, 2016.

Rhea of Sunshine: The 2016 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 6-point increase in compliance (42-Fair in 2015). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC), 3 (PC-SC), 4 (PC-SC) and 10 (PC-SC). However, a decrease in compliance was noted in Domain 8 (SC-PC).

The provider should focus efforts to ensure the following:

- The agency inspects and maintains vehicles used for transportation.
- Medications are provided and administered in accordance with physician's orders.
- Only trained/certified staff administers medications.
- People have opportunities for meaningful day activities.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- Information obtained from self-assessment activities are used to develop and implement an internal quality improvement process.
- A recoupment letter in the amount of \$384.99 was sent to the provider on October 27, 2016. Agency documentation was not always present to support the provision of Community Based Day and Facility Based Day services.
- Personal funds accounts: None of the four accounts reviewed contained issues.

Support Solutions of the Mid-South, LLC: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 4-point increase in compliance (46-Fair in 2015). This increase in compliance was specific to improvements identified in Domains 5 (PC-SC) and 9 (PC-SC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan
- Documentation indicates appropriate monitoring of the plan's implementation.
- Medication administration records are appropriately maintained.
- Information obtained from self-assessment activities are used to develop and implement an internal quality improvement process.
- Personal funds accounts: Four of the seven accounts reviewed contained issues. The provider should focus efforts to ensure that there is proper oversight accounting of all personal funds. Leases are signed and personal property inventories are updated.
- The agency requested a review of their survey results on October 19, 2016.

Middle Region:

New Horizons Corporation- Day, Residential, Family Model: The exit conference was held on 10/14/16.

- Scored 48 Proficient on the QA Survey.
 - Scored 38 Significant Concerns on the 2015 QA Survey.
 - Domains 3, 4 & 5 increased from Partial to Substantial Compliance.
 - Domain 10 increased from Non to Partial Compliance.
 - Domains 2 & 4 remained Partial Compliance.
- Outcome 3.C. – The State of Tennessee Criminal Background and Registry checks were completed timely with a compliance rating 100% for the 22 new staff.
- Outcome 9.B. – Training was completed timely for new staff with a compliance rating at or above 91.31% for all modules with the exception of Individual Specific Training which was 76.2%. A sanction warning occurred. Tenured staff training had a compliance rating of 93.8% for the twenty tenured staff reviewed.
- Domain 10 – Minor billing issues were identified for 2/14 individuals reviewed due to lack of documentation of a second staff person for one day for Supported Living Level-4 services, billing for the incorrect day service, and billing for one day of employment without supporting documentation. Recoupment occurred.
- Minor personal funds management issues were identified for 2/5 individuals reviewed due to lack of maintenance of receipts, pest control expenses, and lawn care. Repayment occurred during the survey process.

Omni Visions- Day/Res, Personal Assistance, Family Model, Nursing, and Medical Residential: The exit conference was held on October 27, 2016.

- Scored 36 Significant Concerns on the 2016 QA Survey.
 - Scored 46 Fair on the 2015 QA Survey.
 - Domains 2 and 4 decreased from Substantial to Partial Compliance.
 - Domain 3 remained Partial Compliance.
 - Domains 5, 9, and 10 decreased from Partial to Minimal Compliance.
- Domain 2- Risk Issues Identification Tools were not completed timely. Ongoing situations regarding Monthly Reviews not including required elements and missing Monthly Reviews were identified.
- Domain 3- Issues with fire drills were identified regarding lack of fire drills being conducted. Resolution of safety issues were not documented or resolved timely.
 - Criminal Background and the four State of Tennessee Registry checks were not completed timely for 40 new employees. A sanction warning occurred.
 - Medication Variance trending was present, however based on the number of medication administration errors found during the survey process the trending was not considered valid.
 - The Incident Management Committee did not meet per requirements.
- Outcome 4.D.- Scored Minimal Compliance due to Informed Consent for psychotropic medications not being completed as required and/or reviewed by the Human Rights Committee.
- Domain 5- Scored Minimal Compliance due to information not being submitted the prescribing practitioner during the review of psychotropic medications. This is a repeat issue.
 - Physicians' orders were not available for three months for a person who transitioned into the agency.
 - Medication errors were identified regarding medications not being in accordance with physicians' orders, changes not being implemented timely and missing MARs.
 - An unlicensed Direct Support Staff was administering medication via injection to one individual.
- Domain 9- Scored Minimal Compliance due to lack of maintaining a current license for the Columbia office, an expired Family Model contract, and ongoing situations in which required documents were not maintained.
 - Individual Specific Training was not completed per requirements (62.2% compliance). A sanction occurred.
 - Unannounced supervisor visits were not being completed as required for Supported Living, Family Model, and Personal Assistance services.
- Domain 10- Scored Minimal Compliance due to billing issues were identified for the six people reviewed for Community Based Day, Supported Living Level 4, Supported Employment, Personal Assistance, and Family Model Level 5 services. A referral to Risk Management will occur.
 - Personal Funds management issues were identified for the four individuals reviewed due to bank fees, non-sufficient funds fees, lack of maintenance of receipts, and over payment of rent.
- Terry Taylor- Day/Res: The agency declined the exit conference.
- The agency scored 50 Proficient on the 2016 QA Survey
 - Scored 44 Fair on the 2015 QA Survey.
 - Domains 2, 3, and 4 Increased from Partial to Substantial Compliance.

- Progressive Directions, Inc.- Day/Res, Nursing, Medical Residential, and Personal Assistance: The exit was held October 21, 2016.
- Scored 48 Proficient on the 2016 QA Survey.
 - Scored 52 Proficient on the 2015 QA Survey.
 - Domain 5 remained Partial Compliance.
 - Domains 9 and 10 decreased from Substantial to Partial Compliance.
- Domain 3- The Criminal Background and State of Tennessee Registry checks were 100% compliant for the 63 new employees.
- Domain 5- Medications were not started timely and/or being administered as ordered.
- Domain 9- Individual Specific Training was not completed per requirements. A sanction warning occurred.
 - The agency has requested a review of training findings.
- Domain 10- Billing issues were noted for three individuals for Personal Assistance, Community Based Day, Transportation, and Supported Living Level 4 services.
 - There were no Personal Funds Management issues identified for the five individuals reviewed.
- Golden Life- Day, Supported Living, Personal Assistance: The exit conference was held on October 14, 2016.
- Scored 40 Fair on the QA Survey.
 - Scored 48 Proficient on the 2015 QA Survey.
 - Domains 2 and 3 decreased from Substantial to Partial Compliance.
 - Domains 5 and 10 decreased from Partial to Minimal Compliance.
 - Domain 9 remained Partial Compliance.
- Outcome 2.- Concerns were identified with the Risk Issues Identification Tools not being completed timely, monthly reviews not documenting on the relevant outcomes, and failure to document contact with the ISCs regarding issues with the accurateness of the ISPs.
- Outcome 3.C. – Scored Minimal Compliance due to the Incident Management Committee did not meet per requirements, three situations of underreporting were identified, and the Monthly Trend Analysis of Medication Variance data did not identify all medication administration issues. Criminal background, Abuse, and Sex Offender Registry checks were completed per requirements for 10 new employees. The Felony Offender and OIG List of Excluded Individuals and Entities were not completed timely. A sanction occurred
- Domain 5 – Scored Minimal Compliance due to the lack of timely completion of annual assessments, ongoing issues with the completion of specialty medical consults, and quarterly reviews of psychotropic medications with supporting behavioral documentation, the administration of PRN anxiety medication without parameters or assessment by a Registered Nurse. Medication Administration issues were also noted due to the lack of current physicians' orders, medication changes not being implemented timely and unexplained medication omissions.
- Domain 10 – Scored Minimal Compliance due to billing issues identified for Community Based Day, Supported Employment, and Supported Living services for three of the four individuals reviewed. A recoupment occurred.
- Personal Funds management issues were identified for the two individuals reviewed due to lack of maintenance of receipts and bank fees. Restoration Residential- Day/Res, Family Model, and Personal Assistance. The exit conference was held on October 13, 2016.
- The agency scored 52 Exceptional on the 2016 QA Survey.
 - Scored 48 Proficient on the 2015 QA Survey.
 - Domains 4 and 5 increased from Partial to Substantial Compliance.
 - Domain 10 remained Partial Compliance.
- Domain 3- The Criminal Background and State of Tennessee Registry checks were completed as required for the eleven new employees.
- Domain 9- Training was completed as required for new and tenured staff.
- Domain 10- Minor billings issues were identified for one individual due to billing for the wrong services. A rate adjustment occurred.
 - Personal Funds management issues were identified for the two individuals reviewed due to account balances in excess of the maximum allowed for eligibility for nine months, lack of maintenance of receipts, late fees, inappropriate expenses (painting, HVAC repairs, and furniture move).

West Region:

Georgia Lee – Single Person Provider of Day/Res scored 52 of 54/Exceptional Performance on the QA survey exited 10/6/16.

- Compared to their 2015 survey, this is a 2-point increase in compliance (50-Proficient in 2015) related to both improvements identified in Domains 2 (PC-SC) and 10 (PC-SC) and issues identified in 4 (SC-PC).
- The agency needs to ensure:
 - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
 - Records are available for review when requested
- Outcome 10A, billing, scored SC. No overbilling noted.
- Outcome 10B, personal funds management, scored NA as neither the provider agency nor any paid staff is involved in management of the persons funds

ACA Communities – Day/Res provider scored 54 of 54/Exceptional Performance on the QA survey exited 10/6/16.

- All Domain scores are the same as in their 2015 survey.
- The agency needs to ensure:
 - Staff for whom exemption requests are warranted are not assigned to work until the exemption approval is received (sanction for prohibited staff is pending); and
 - Reportable Incident Forms are correctly and entirely completed and reflect timely notifications
- Outcome 10A, billing, scored SC. No overbilling noted.
- Outcome 10B, personal funds management, scored SC. The agency reimbursed for a few missing receipts and an inequitable split in food expense during the survey. No further need for any reimbursement was identified and the person's funds were considered fully accounted for.

D&S Residential Services – Residential/Day provider scored 48 of 54/Proficient on the QA survey exited 10/21/16.

- Compared to their 2015 survey results, this is a 4-point decrease in compliance (52-Exceptional in 2015) related to issues identified in Domains 9 (SC-PC) and 10 (SC-PC).
- The agency needs to ensure:
 - Annual Updates, BSPs, CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - Therapy services Plans of Care contain functional and measurable goals; therapeutic instructions are maintained in the record and documentation supports staff have been trained;
 - Staff for whom exemption requests are warranted are not assigned to work until the exemption approval is received (sanction for prohibited staff is pending);
 - Reportable Incident Forms are complete and reflect timely notification of all required parties;
 - Tenured staff are recertified in required training timely;
 - Implementation of the agency supervision plan ensures the completion of the required number of unannounced supervisory visits required;
 - Therapy assistants are supervised at least every 60 days as required; and
 - Documentation supports all billing.
- Outcome 10A, billing, scored PC. Billing issues were identified for 4 of 17 people in the core survey sample; referral to Risk Management as additional information for an open case is pending.
- Outcome 10B, personal funds management, scored SC. Small amounts are due to be reimbursed to 4 people; 9 of 9 accounts were considered fully accounted for.

Southern Hands Quality Care – Consult provided for this Residential/Day provider that began providing services on 4/4/16. The agency needs to ensure

- Risk Issues Identification tools are completed timely for each person
- Daily staff documentation reflects implementation of ISP outcomes for each person
- Monthly reviews are completed for each person service, capture ISP outcomes/action steps for each person, reflect a signature and date of the person completing the form, list any barriers to service provision, reflect whether services were provided as authorized, and are completed by the 20th of the month following the month of service provision and submitted to the ISC
- Cross-system crisis plans are created for persons eligible
- Reportable Incident Forms are completed in their entirety and include timely notification
- Background and registry checks are completed and timely
- Policies for community based day services are in line with current DIDD requirements, including not limiting day services to 243 days a year or to certain days/times of the week.
- Training transcripts are maintained and conducted timely for all staff
- Evidence of Training/orientation of Board Members is maintained
- Advisory board meets with the required frequency and minutes are maintained
- Policy and practice for unannounced supervisory visits reflect the minimum required frequency
- Personal funds being used for restitution are reviewed by a Human Rights committee

Personal Assistance: East- no reviews; Middle- no reviews; West- no reviews.

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewedProviders reviewed: East- no reviews; Middle- no reviews; West- Quality Behavioral Interventions and Consulting.

West Region:
Quality Behavioral Interventions & Consulting – Behavior provider scored 26 of 36/Fair on the QA survey exited 10/6/16.

- Compared to their 2015 survey results, this is a 6-point decrease in compliance (32-Proficient in 2015) related to issues identified in Domains 2 (PC-MC), 3 (SC-PC), 9 (PC-PC), and 10 (SC-PC).
- The agency needs to ensure:
 - BSARs, AUs, BSPs, CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - Contact notes accurately reflect activities completed during the visit;
 - Protection from Harm policies reflect current DIDD requirements;
 - Issues identified during this survey are incorporated into the agency’s self-assessment and quality improvement planning processes as warranted; and
 - Documentation supports all billing.
- Outcome 10A, billing, scored PC. A referral to Risk Management due to evidence of duplicate notes is pending.

Nursing Providers:
Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:
Providers reviewed: : East- no reviews; Middle- no reviews; West- no reviews.

Follow-up on actions taken:
All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews:

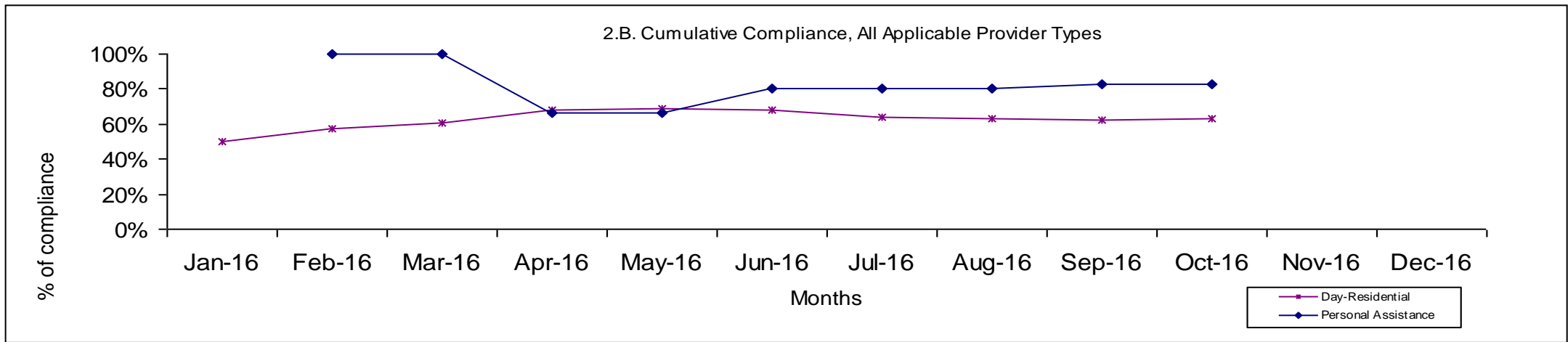
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)

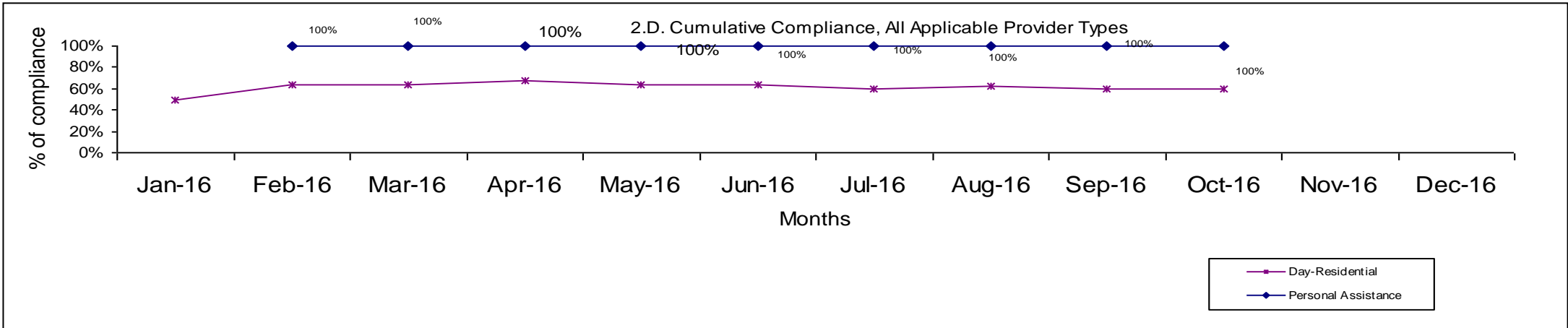
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	68%	56%
Personal Assistance	-	-

Cumulative Data:



Cumulative Data:

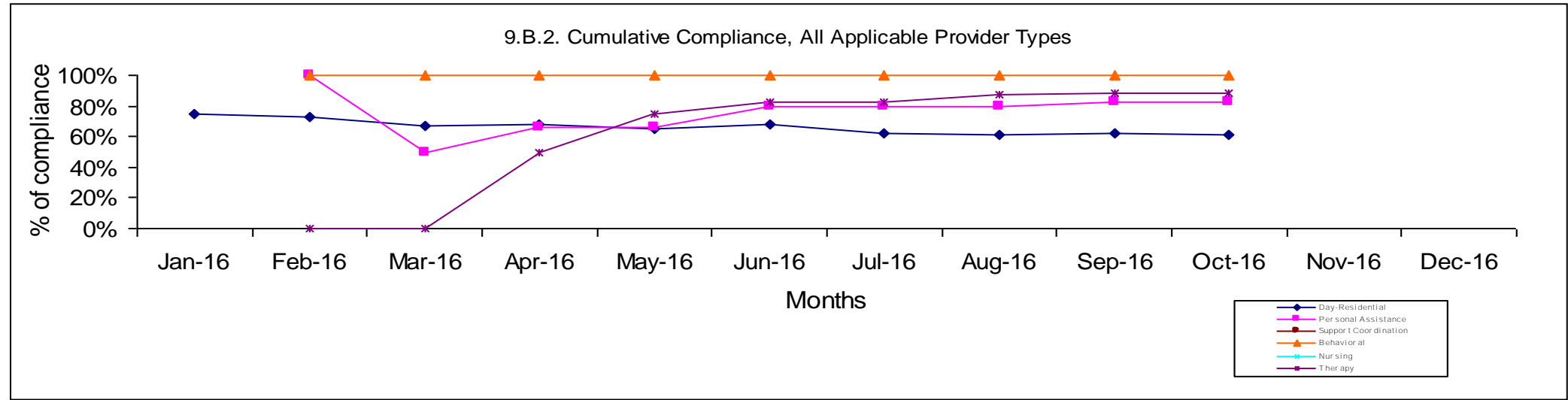


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	50%
Personal Assistance	-
Support Coordination	-
Behavioral	100%
Nursing	-
Therapy	-

Cumulative Data:



F **Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds**

Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - East												
# of Individual Personal Funds Accounts Reviewed	5	14	25	25	18	20	29	20	18	24		
# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22	12	15	21	15	10	16		
# of Personal Funds Accounts Found Deficient	1	7	2	3	6	5	8	5	8	8		
% of Personal Funds Fully Accounted for	80%	50%	92%	88%	67%	75%	72%	75%	56%	67%		
% of Personal Funds Found Deficient	20%	50%	8%	12%	33%	25%	28%	25%	44%	33%		

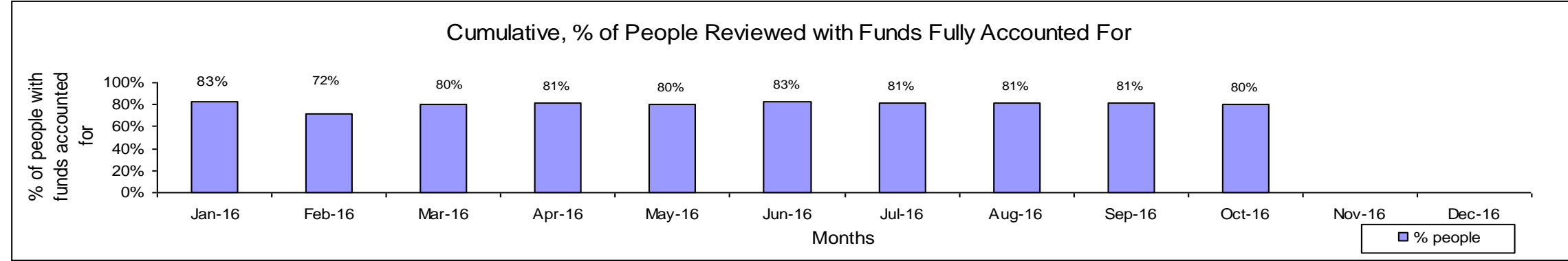
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Middle												
# of Individual Personal Funds Accounts Reviewed		18	27	24	23	25	28	18	18	19		
# of Individual Personal Funds Accounts Fully Accounted For		12	23	20	17	25	25	12	15	10		
# of Personal Funds Accounts Found Deficient		6	4	4	6	0	3	6	3	9		
% of Personal Funds Fully Accounted for		67%	85%	83%	74%	100%	89%	67%	83%	53%		
% of Personal Funds Found Deficient		33%	15%	17%	26%	0%	11%	33%	17%	47%		

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - West												
# of Individual Personal Funds Accounts Reviewed		12	6	15	22	16	19	4	31	13		
# of Individual Personal Funds Accounts Fully Accounted For		12	4	12	20	16	12	4	31	13		
# of Personal Funds Accounts Found Deficient		0	2	3	2	0	7	0	0	0		
% of Personal Funds Fully Accounted for		100%	67%	80%	91%	100%	63%	100%	100%	100%		
% of Personal Funds Found Deficient		0%	33%	20%	9%	0%	37%	0%	0%	0%		

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Statewide												
# of Individual Personal Funds Accounts Reviewed		44	58	64	63	61	76	42	67	56		
# of Individual Personal Funds Accounts Fully Accounted For		31	50	54	49	56	58	31	56	39		
# of Personal Funds Accounts Found Deficient		13	8	10	14	5	18	11	11	17		
% of Personal Funds Fully Accounted for		70%	86%	84%	78%	92%	76%	74%	84%	70%		
% of Personal Funds Found Deficient		30%	14%	16%	22%	8%	24%	26%	16%	30%		

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Cumulative Funds Data												
# of Individual Personal Funds Accounts Reviewed		50	108	172	235	296	372	414	481	537		
# of Individual Personal Funds Accounts Fully Accounted For		36	86	140	189	245	303	334	390	429		
# of Personal Funds Accounts Found Deficient		14	22	32	46	51	69	80	91	108		
% Funds Accounted for, Cumulatively		72%	80%	81%	80%	83%	81%	81%	81%	80%		
% Funds Deficient, Cumulatively		28%	20%	19%	20%	17%	19%	19%	19%	20%		

Region	% of Personal Funds Fully Accounted For
East	67%
Middle	53%
West	100%
Statewide	70%



Analysis:
 The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy. See references under provider summaries above.

Follow-up action taken from previous reporting periods:
 The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.